

00862.021854



#10
08/26/03
Amdt/B
PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
HIROYUKI FUJIYOSHI)
Application No.: 09/516,112)
Filed: March 1, 2000)
For: INFORMATION PROCESSING)
SYSTEM AND METHOD)
Examiner: B. Jaroenchonwanit
TC/Art Unit: 2141
August 11, 2003 (Monday)

Commissioner for Patents
Mail Stop: Non-Fee Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

AUG 19 2003

Technology Center 2100

AMENDMENT

Sir:

In response to the Office Action dated May 9, 2003, the Examiner is respectfully requested to amend the above-identified application as follows. The claims changes are reflected in the listing that begins at page 2, and the Remarks begin at page 27.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

August 11, 2003
(Date of Deposit)

Lock See Yu-Jahnes (Reg. No. 38,667)
(Name of Attorney for Applicant)

(Signature)

August 11, 2003
(Date of Signature)



In re Application of:

HIROYUKI FUJIYOSHI

Application No.: 09/516,112

Filed: March 1, 2000

For: INFORMATION PROCESSING APPARATUS,
SYSTEM AND METHOD

#10
08/16/03
Docket No. 00862.021854

Examiner: B. Jaroenchonwanit

TC/Art Unit: 2141

Date: August 11, 2003

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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AUG 19 2003

Technology Center 2100

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

AUG 20 REC'D
TC 2100

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 94	MINUS	** 94	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 8	MINUS	*** 8	= 0	x \$42 \$84	0
Fee for Multiple Dependent claims \$140°/\$280						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

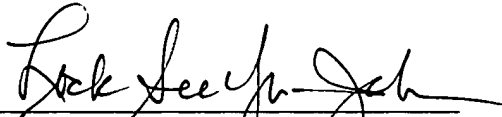
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
Lock See Yu-JAMES
Registration No. 38,667

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

Form #120

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